## **INSURANCE FOR STUDENTS- PRIME PLUS PLAN ENROLLMENT FORM** International Student Injury and Sickness Program Underwritten by Student Resources (SPC) a United Healthcare Group Company Policy # 2018-202917-91

PLEASE PRINT CLEARLY— FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE		
	I am a [ ]STUDENT or [ ]SCHOLAR with [ ]F1 [ ]M1 [ ]J1 [ ]OTHER	
First Name:	Middle Initial:	
Student I.D #:	Home Country:	
Date of Birth (Month/Day/Year):	[ ]Male [ ]Female	
U.S.A Mailing Address:		
City:	State:	Zip:
Phone #:( )	Email Address:	
NAME OF COLLEGE OR UNIVERSITY:		
<b>DEPENDENTS-</b> Complete information below for dependents to be insured		
<b>NOTE</b> : Dependent coverage is available only for students/scholars insured under this plan. Coverage must be purchased at the time of primary insured's enrollment or within 30 days of birth/marriage or arrival in country		
Spouse Last Name:	First Name:	
Date of Birth (month/day/year):/		
CHILD 1 Last Name		
Date of Birth (month/day/year):/		
CHILD 2 Last Name		
Date of Birth (month/day/year):/		••
PREMIUM- Rates are valid for coverage EFFECTIVE After 7/1/2018 (COVERAGE CANNOT EXTEND BEYOND 9/30/2019)  COVERAGE PERIOD: Effective date (month/day/year):		
[ ] Annual or [ ] Daily for days.		
		ays.
ANNUAL RATES	DAILY RATES (90 DAY MIN)	PREMIUM CALCULATION
		PREMIUM CALCULATION  DAILY Premium Calculation: Student Daily Premium \$ Spouse Daily Premium \$ Child Daily Premium \$ (PER CHILD)
ANNUAL RATES  STUDENT/SCHOLAR RATES: Age 24 & Under \$ 1,097.00 Student 25-30 \$ 1,566.00 Student 31-40 \$ 3,414.00 Student 41-64 \$ 7,070.00 DEPENDENT RATES	DAILY RATES (90 DAY MIN)  STUDENT/SCHOLAR RATES: Age 24 & Under \$ 3.00 Student 25-30 \$ 4.31 Student 31-40 \$ 9.36 Student 41-64 \$ 19.37 DEPENDENT RATES	PREMIUM CALCULATION  DAILY Premium Calculation: Student Daily Premium \$ Spouse Daily Premium \$ Child Daily Premium \$ (PER CHILD)  Total Daily Rate: \$
ANNUAL RATES  STUDENT/SCHOLAR RATES: Age 24 & Under \$ 1,097.00 Student 25-30 \$ 1,566.00 Student 31-40 \$ 3,414.00 Student 41-64 \$ 7,070.00	DAILY RATES (90 DAY MIN)         STUDENT/SCHOLAR RATES:         Age 24 & Under       \$ 3.00         Student 25-30       \$ 4.31         Student 31-40       \$ 9.36         Student 41-64       \$ 19.37	PREMIUM CALCULATION  DAILY Premium Calculation: Student Daily Premium \$ Spouse Daily Premium \$ Child Daily Premium \$ (PER CHILD)
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ANNUAL RATES  STUDENT/SCHOLAR RATES: Age 24 & Under \$ 1,097.00 Student 25-30 \$ 1,566.00 Student 31-40 \$ 3,414.00 Student 41-64 \$ 7,070.00 DEPENDENT RATES Spouse \$ 6,989.00 Each Child \$ 3,871.00  METHOD OF PAYMENT:	DAILY RATES (90 DAY MIN)  STUDENT/SCHOLAR RATES: Age 24 & Under \$ 3.00 Student 25-30 \$ 4.31 Student 31-40 \$ 9.36 Student 41-64 \$ 19.37  DEPENDENT RATES Spouse \$ 19.16 Each Child \$ 10.61  DER (Make payable to Insurance for	PREMIUM CALCULATION  DAILY Premium Calculation: Student Daily Premium \$
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FOR QUESTIONS PLEASE CONTACT:

INSURANCE FOR STUDENTS INC. - 1690 S. CONGRESS AVE #101, DELRAY BEACH FL 33445 PHONE: (800) 356-1235 FAX: (954) 772-0872

APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO (954) 772-0872